Robinson, Nehemiah v. T. Catlett, et al.
USDC-Southern District Case No. 08-CV-00161-H (BLM)

EXHIBIT 1

RECEIVED CAL APPEALS APR 05 2006 CAL B 06 00951

INMATE/PAROLEE APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region 1. ______ 2. ______ | Log No. 1. ______ 2. ______ | Category ______

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Nehemiah Robinson	J-71342	—	B-1-#133 u.

A. Describe Problem: Petitioner hereby move to redress the deprivation under Color of State law, of rights secured by the U.S. Constitution. I hereby invoke my federally secured and established right to file this Complaint per: the 1st Amend. of the U.S. Constitution, Per. CCR Title 15 § 3084.1. (a) and Per. the Settlement Agreement reached in Plata v. Davis (Plata is a federal Civil rights Class action lawsuit regarding medical Care in all California Prisons, and every CDC Prisoner who has a serious medical Condition is a member of the Class Covered by the lawsuit.) Petitioner assert that he is a "chronic Care Patient" that suffers from "significant

If you need more space, attach one additional sheet.

B. Action Requested: Whereofore it is respectfully requested (1) that the Housing SGT. return Petitioners CDC 7410 (Comprehensive Accommodation chrono), (2) be Placed in a Vacant Cell, in facility "B", #1 block (when a Vacant Cell is available) in Keeping with the CDC 7410, and (3) be allowed to submit this CDC 602 (appeal) to the appeals Coordinator due to the Housing SGT. destruction/loss of previous CDC 602 submitted to him for informal level response. thank you

Inmate/Parolee Signature: [signature] Date Submitted: 3-29-06

C. INFORMAL LEVEL (Date Received: ______)

Staff Response: ______

Staff Signature: ______ Date Returned to Inmate: ______

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Petitioner assert that he "have not" received the CDC 7410 (Comprehensive Accommodation chrono) [redacted] dated "1-6-06" authored by DR. AN MINH NGUYE, that was attached to the "Previous CDC 602 regarding this matter," submitted to C/o Arvizu on or about "3-18-06" and he (C/o Arvizu) gave said CDC 602 to "SGT. Catlett." said CDC 7410 is to be returned to petitioner. thank you

Signature: [signature] Date Submitted: 5-10-06

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: ______

Rec'd 5/12/06 CAL 13-06-951 ADA

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First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: Due Date:

Interviewed by:

Staff Signature: Title: Date Completed:

Division Head Approved: Returned

Signature: Title: Date to Inmate:

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Petitioner assert that he "did not" and "have not" received the CDC 7410 (Comprehensive Accommodation chrono) dated "1-6-06" authored by DR. AN MINH NGUYE, that was attached to the "Previous CDC 602 regarding this matter", submitted to C/O Arvizu on or about "3-18-06" and he (C/O Arvizu) gave said CDC 602 to "SGT. Catlett." said CDC 7410 is to be returned to petitioner. thank you.

Signature: [signature] Date Submitted: 5-10-06

Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 5-12-06 Due Date: 5-26-06

☒ See Attached Letter

Signature: [signature] C. G. BUTLER, AW-A/B(A) C.G. Butler Date Completed: 5-25-06

Warden/Superintendent Signature: M. E. BOURLAND, CDW(A) [signature] Date Returned to Inmate: MAY 30 2006

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

Date:

CDC 602 (12/87)

RECEIVED CAL APPEALS APR 05 2006

Additional Sheet
Cont. Of A:
(describe problem)

AL B 06 00951

Collagen Vascular disease / Post-Traumatic degenerative arthritis in major Joints (please see medical file) which debilitate and impairs my ability to function "normal" during the cold seasons, et. Petitioner further assert that he underwent "A.C.L Reconstruction with auto-graft of the (R) Knee"; asserting that Petitioner also suffer from a "Lateral Meniscal Tear and await surgery" (please see medical file).

On or about 2-6-06, Petitioner was placed in facility "B", housed in #1 block, in Cell # 133, and assigned to the "upper bunk", due to their not being any more bed-space in the present, and other blocks within facility "B" (as stated by the then "Housing SGT."); asserting that his Cellie is assigned to the lower bunk, and he suffers from a bad back / bad Knee, and weight well-over-230-Pounds! Petitioner assert that on or about, [redacted] 3-17-06, he submitted a CDC 602 (appeal) with attached CDC 7410 (comprehensive accommodation chrono) addressing Petitioners required accommodations (due to a medical condition) to wit: (1) Ground floor cell, (2) Bottom bunk and (3) Cane (dont have copy of said chrono nor do i recall date of said chrono); asserting that the CDC 602 (appeal) was submitted to "C/o Garrett," respectfully requesting to be placed in Cell-# 144, which was a "Vacant Cell", located in block #1, on the lower tier. On or about 3-17-06, C/o Garrett gave Petitioner back the CDC 602 (appeal) and instructed him to submit the CDC 602 (appeal) to his Co-worker "C/o M. Arvizu" because he (C/o Garrett didn't have time to look into the issue, et; asserting that C/o Garrett stated that his Co-worker will inform the Housing SGT. on the situation and submit the CDC 602 (appeal) to the Housing SGT. Petitioner assert that he did as instructed by C/o Garrett and submitted the CDC 602 (appeal) to C/o M. Arvizu. On or about 3-18-

ousing SGT." the CDC 602 (appeal) and is he going to do the Cell move? C/O M. Arvizu ated: that he submitted the CDC 602 (appeal) to the Housing SGT., but that he id not Know whether or not he is going to do the Cello move. Petitioner assert at he Personally talked to the Housing SGT. on "TWO" occasions regarding the sue and was told that he (Housing SGT.) was going to talk to C/o Garrett; asserting at Petitioner asked the Housing SGT. "Did he have the CDC 602 (appeal) in his ossession? The Housing SGT. stated: that he did receive the CDC 602 (appeal) but that e dont recall where he placed it! Petitioner assert that he went to Medical 3-22-06, and made the "Doctor" and the "M.T.A" aware of the situation, asserting that the DOCTOR and the M.T.A stated: that they were going to talk to he Housing SGT., because of the seriousness of my medical Condition! titioner assert that "C/o Horta" talked to C/o Garrett about the situation, and ade him aware of Petitioners serious medical Condition, by submitting a C 7410 (Comprehensive Accommodation chrono) reflecting the NEED! to be placed the "lowero Tier / lowero bunk." C/o Garrett stated: that he have to talk to his -Worker, et. Asserting that C/o Garrett, Housing SGT., and C/o M. Arvizu ave been repeatedly made aware of the seriousness of Petitioners medical ndition and the risk of further inJury. Petitioner assert that he have been xperiencing "severe Pain / swelling! of the (R) Knee", as the result of Jumping up! the uppero bunk. Petitioner assert that Cell # 144, located in facility "B", #1 lock; was "VACANT" for 7-days! and staff failed to act; asserting that said ell is located on the lowero Tier, 11- Cells down from Petitioners Present Cell #133).

IOTE: Cell # 144 was occupied on 3-23-06. staff Could have did said move [redacted] because they were Conducting under escort showers in restraints and Cello moves undero escort in restraints. yet the Housing SGT. stated: that he was authorized to "NOT" do any Cello moves (assuming that the order Came from his supervisor—LT., CPT, et.); asserting that the Housing SGT "did not" answer said CDC 602 (appeal) on the "informal level" within CCR Title 15 Time limit, Nor was said CDC 602 (appeal) returned to petitioner; and this CDC 6… (appeal) followed as a result of his failure to respond. Petitioner assert th…

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
CAL CAL	B-06 00951	18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
Robinson	J71342	—		B1-133U

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

See attached

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

See attached

DESCRIBE THE PROBLEM:

See attached

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

See attached

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

CAL B 06 00951

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER:
DATE DUE:

TYPE OF ADA ISSUE

[X] PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

[ ] Auxiliary Aid or Device Requested

[ ] Other

[ ] PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

See Attached

4/25/06
DATE INMATE/PAROLEE WAS INTERVIEWED

SGT. T. CALVITT
PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

[ ] GRANTED [X] DENIED [ ] PARTIALLY GRANTED

BASIS OF DECISION:

See Attached

NOTE: *If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/FACILITY
W. J. Price	Captain	CAL FAC B

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE	DATE SIGNED
[signature] Delgado	4/28/06

DATE RETURNED TO INMATE/PAROLEE
MAY 0 3 2006

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RECEIVED CAL APPEALS MAY 0 8 2008 CAL-B-08-951

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None		Bottom Bunk	P/(T) 2/8/07
Barrier Free/Wheelchair Access	P/T	Single Cell (See 128-C date:)	P/T
Ground Floor Cell	P/(T) 2/8/07	Permanent OHU / CTC (circle one)	P/T
Continuous Powered Generator	P/T	Other	P/T

B. MEDICAL EQUIPMENT/SUPPLIES

None		Wheelchair: (type)	P/T
Limb Prosthesis	P/T	Contact Lens(es) & Supplies	P/T
Brace Neoprene Knee brace medium size	P/(T) 2/8/07	Hearing Aid	P/T
Crutches	P/T	Special Garment: (specify)	P/T
Cane: (type) for ambulation	P/(T) 2/8/07	Rx. Glasses:	P/T
Walker	P/T	Cotton Bedding	P/T
Dressing/Catheter/Colostomy Supplies	P/T	Extra Mattress	P/T
Shoe: (specify)	P/T	Other	P/T
Dialysis Peritoneal	P/T		

C. OTHER

(None) (circled)		Therapeutic Diet: (specify)	P/T
Attendant to assist with meal access and other movement inside the institution. Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.	P/T	Communication Assistance	P/T
		Transport Vehicle with Lift	P/T
		Short Beard	P/T
Wheelchair Accessible Table	P/T	Other	P/T

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☒ Yes ☐ No

If yes, specify: light duty no lifting, no pushing over 15 lbs.

INSTITUTION Cal SP	COMPLETED BY (PRINT NAME) Ann M McKeever	TITLE MD
SIGNATURE [signature]	DATE 2/8/06	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: ROBINSON, N. J 71342 DOB: 12/1/67 B1.138
HCM/CMO SIGNATURE [signature] M.D.	DATE 2/16/06	
(CIRCLE ONE) (APPROVED) / DENIED	CC: Smith RR CCI/C3PR assignment ofc. Chief officer	

COMPREHENSIVE ACCOMMODATION CHRONO

Distribution:

Gold - Inmate

05-02-06 01:15pm From-California Med Dept T-101 P.001/001 F-882

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None		Bottom Bunk	P / (T) 01/06/07
Barrier Free/Wheelchair Access	P / T ______	Single Cell (See 128-C date: ______)	P / T ______
Ground Floor Cell	P / (T) 01/06/07	Permanent OHU / CTC (circle one)	P / T ______
Continuous Powered Generator	P / T ______	Other ______	P / T ______

B. MEDICAL EQUIPMENT/SUPPLIES

None		Wheelchair: (type) ______	P / T ______
Limb Prosthesis	P / T ______	Contact Lens(es) & Supplies	P / T ______
Brace	P / T ______	Hearing Aid	P / T ______
Crutches	P / T ______	Special Garment: (specify) ______	P / T ______
Cane: (type) (ONE)	P / (T) 01/06/07	Rx. Glasses: ______	P / T ______
Walker	P / T ______	Cotton Bedding	P / T ______
Dressing/Catheter/Colostomy Supplies	P / T ______	Extra Mattress	P / T ______
Shoe: (specify) ______	P / T ______	Other ______	P / T ______
Dialysis Peritoneal	P / T ______		

C. OTHER

None		Therapeutic Diet: (specify) ______	P / T ______
Attendant to assist with meal access and other movement inside the institution.	P / T ______	Communication Assistance	P / T ______
Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.		Transport Vehicle with Lift	P / T ______
		Short Beard	P / T ______
Wheelchair Accessible Table	P / T ______	Other ______	P / T ______

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☐ No

If yes, specify: Hx of Ant. Cruciate Lig. Repair c associated Osteoarthritis [illegible]

INSTITUTION: CAL	COMPLETED BY (PRINT NAME): C - SANTIAGO	TITLE: M.D
SIGNATURE: [signature]	DATE: 01/06/06	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: ROBINSON, NEHEMIAH J71342 DOB 12/01/67 B1-133
HCM/CMO SIGNATURE: [signature] CMO	DATE: 1/13/06	
(CIRCLE ONE) (APPROVED) / DENIED	cc: Smta, RR, Hsg. officer	

COMPREHENSIVE ACCOMMODATION CHRONO

06-12-06 11:02am From-Califpatria Med Dept 760 348 6032 T-268 P.001/002 F-262

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None			Bottom Bunk	P / T
Barrier Free/Wheelchair Access	P / T		Single Cell (See 128-C date:)	P / T
Ground Floor Cell	P / T		Permanent OHU / CTC (circle one)	P / T
Continuous Powered Generator	P / T		Other	P / T

B. MEDICAL EQUIPMENT/SUPPLIES

None			Wheelchair: (type)	P / T
Limb Prosthesis	P / T		Contact Lens(es) & Supplies	P / T
Brace	P / T		Hearing Aid	P / T
Crutches	P / T		Special Garment: (specify)	P / T
Cane: (type)	P / T		Rx. Glasses:	P / T
Walker	P / T		Cotton Bedding	P / T
Dressing/Catheter/Colostomy Supplies	P / T		Extra Mattress	P / T
Shoe: (specify) Tennis shoes (state purchased)	P / (T)	3/22/07	Extra Mattress	P / T
Dialysis Peritoneal	P / T		Other	P / T

C. OTHER

None			Therapeutic Diet: (specify)	P / T
Attendant to assist with meal access and other movement inside the institution. Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.	P / T		Communication Assistance	P / T
			Transport Vehicle with Lift	P / T
			Short Beard	P / T
Wheelchair Accessible Table	P / T		Other Waist restraints cuffs	P / (T) 3/22/07

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☐ No

If yes, specify:

INSTITUTION Cal SP	COMPLETED BY (PRINT NAME) [illegible]	TITLE MD
SIGNATURE [signature]	DATE 3/22/06	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH Robinson, N J 71342 B1-133L
HCM/CMO SIGNATURE [signature] for HCM CMO	DATE 3/27/06	
(CIRCLE ONE) (APPROVED) / DENIED	CC: RER Housing Officer	

COMPREHENSIVE ACCOMMODATION CHRONO

CDC 7410 (03/04)

Distribution: Original - Unit Health Record Canary - Central File Pink - Correctional Counselor Gold - Inmate

RECEIVED CAL APPEALS MAY 0 8 200'

Calipatria State Prison
Calipatria California

SUPPLEMENTAL PAGE
FIRST LEVEL APPEAL

TO: **INMATE ROBINSON, J-71342**

RE: APPEAL LOG NUMBER: **CAL-B-06-00951**

APPEAL DECISION: **PARTIALLY GRANTED**

INMATE INTERVIEWED BY: **CORRECTIONAL SERGEANT, T. CATLETT**

APPEAL ISSUE: **ADA**

APPEAL RESPONSE: In consideration of your appeal, a thorough review of your appeal and its attachments was conducted. The California Code of Regulations and all applicable laws and procedures were considered along with the contents of your Central File.

It is your position your medical condition necessitates you be housed in a cell on the lower bunk and on the lower tier.

You requested to be placed in a vacant cell on Facility B.

You were interviewed on April 25, 2006, by Correctional Sergeant T. Catlett, regarding your appeal. During the interview you indicated all you had to say was already in the appeal. Attached is a copy of your current CDC7410, indicating you are to be assigned to a lower bunk / lower tier. On May 4, 2006, a CDC-154 (attached) was generated moving you to a lower bunk / lower tier. You are not entitled to a "vacant cell".

Based on the above information, your appeal is **PARTIALLY GRANTED** at the First Level of review.

[signature]

W. J. PRICE
Facility Captain
Facility B

State of California Departm of Corrections and Rehabilitation

Memorandum

Date : MAY 30 2006

To : INMATE ROBINSON, J71342

Subject: **SECOND LEVEL APPEAL RESPONSE**
LOG NO: CAL-B-06-00951

ISSUE: ADA

It is your position that due to your medical condition you should be housed in a vacant cell with a lower tier/lower bunk assignment on Facility "B". Additionally, you are requesting your CDC 7410, Comprehensive Accommodation Chrono be returned to you from the "Housing Sergeant" and you be allowed to file a CDC 602, Inmate Appeal with Appeals regarding your complaint.

You are requesting reassignment to a vacant cell on Facility "B" when a vacant cell is available.

INTERVIEWED BY: T. Catlett, Correctional Sergeant

REGULATIONS: The rule(s) governing this issue is (are):

California Code of Regulations, Title 15, Section 3375, Classification Process
Department Operations Manual, Section 520220.4.3 and
The Americans with Disabilities Act

DISCUSSION:

On May 4, 2006, a CDC 154, Inmate Transfer/Housing Assignment Change, was generated moving you to a lower bunk on the lower tier to comply with the CDC 7410 Chrono dated February 16, 2006. In your appeal you stated you spoke with the "Housing Sergeant", however, Calipatria State Prison does not have a "Housing Sergeant" position. The Housing Lieutenant makes the appropriate cell moves and bed assignments.

A review of your Central File indicates you were cleared for double cell housing on January 18, 2006, during Initial Classification Committee. A further review of the CDC 7410, Chrono signed and dated February 16, 2006, does not indicate you required vacant or single cell housing.

Two copies of the CDC 7410, Chronos were returned to you on May 21, 2006, and as you requested this CDC 602, Inmate Appeal was processed through the Appeals Coordinator. You were subsequently moved to your current cell assignment of B2-107L.

DECISION: The appeal is Partially Granted at the Second Level of Review.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

M. E. BOURLAND
Chief Deputy Warden (A)
Calipatria State Prison

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: JUN 28 2006

In re: Robinson, J-71342
Calipatria State Prison
P.O. Box 5002
Calipatria, CA 92233

IAB Case No.: 0513814 Local Log No.: CAL 06-00951

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner K. J. Allen. All submitted documentation and supporting arguments of the parties have been considered.

I **APPELLANT'S ARGUMENT:** It is the appellant's position that due to his medical condition he should be housed in a vacant cell on a lower tier. The appellant believes that staff would be violating his constitutional rights if he does not receive the lower bunk chrono. The appellant also requests a copy of his CDCR Form 7410, Comprehensive Accommodation Chrono.

II **SECOND LEVEL'S DECISION:** The reviewer found that the appellant is currently housed in a lower tier cell and assigned to the lower bunk consistent with his CDCR Form 7410, dated February 16, 2006. A review of the appellant's central file indicates he is clear for double-cell housing and there is nothing in his Unit Health Record that indicates he requires single-cell housing. Lastly, the reviewer notes that two copies of the appellant's CDCR Form 7410 were provided to him on May 21, 2006. The appeal was partially granted at the Second Level of Review.

III **DIRECTOR'S LEVEL DECISION:** Appeal is denied.

A. **FINDINGS:** The appeal received a through review by supervisory staff, and the appellant's housing is consistent with his medical needs. Additional relief from the Director's Level of Review is unwarranted.

The appellant has added new issues and requests to his appeal regarding a correctional sergeant not properly responding to his original appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B). This must be submitted to the institution for review on a separate appeal in order to allow institutional staff the opportunity to respond and, possibly, provide the appellant with a satisfactory response.

B. **BASIS FOR THE DECISION:**
Armstrong v. Davis Court Ordered Remedial Plan: ARPI, ARPII.A, ARPII.F, ARPIV.I
California Code of Regulations, Title 15, Section: 3001, 3350, 3354

C. **ORDER:** No changes or modifications are required by the institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CAL
Health Care Manager, CAL
Appeals Coordinator, CAL
Medical Appeals Analyst, CAL